



DEPARTMENT OF COMMUNITY DEVELOPMENT

PLANNING AND ZONING
207 WEST SECOND AVENUE
Franklin, Virginia 23851
(757) 562-8580



Application for Site Development Plan Review

- ALL SITE PLAN APPLICATIONS MUST BE ACCOMPANIED BY NO LESS THAN 5 SETS OF SITE PLANS.
- APPLICATIONS WITH INSUFFICIENT INFORMATION WILL BE RETURNED

PROJECT TYPE: (check all that apply) a.) New Commercial/Industrial Facility ____; b.) Addition; ____; c.) Off-Street Parking / Display Lot ____; d.) Townhouses / Condominiums ____; e.) Educational facility ____; f.) Medical/Institutional Facility ____; g.) Church / religious ____; h.) Telecommunication Tower ____;
OTHER (describe) _____

Applicant _____ Phone Number _____
 Address _____ City _____ State _____ Zip _____
CHECK ONE: ____ Design Professional; ____ Owner; ____ Agent; ____ Contractor; ____
CONTRACTOR'S LICENSE # _____ **CLASS** ____ **SPECIALTIES** _____

Owner _____ Telephone Number _____
 Address _____ City _____ State _____ Zip _____
 Site Location/Address _____ Zoning District _____

PROJECT TITLE: _____ **Design Professional:** _____
Ph# _____ **Total Site Area (sq. ft)** _____; (Acres) _____; Submittal of a site plan and subsequent revisions proposed by the applicant shall be accompanied by the designated site plan review fee of one hundred and fifty dollars (\$150.00) plus twenty-five dollars (\$25.00) per acre or portion thereof of the site if located in the City of Franklin OR two hundred and fifty dollars (\$250.00) plus ten dollars (\$10.00) per acre or portion thereof of the site if located in unincorporated Southampton County. **Site Plan Review Fee \$** _____

GENERAL DESCRIPTION OF PROPOSED DEVELOPMENT; _____ -

PLANNING COMMISSION REVIEW CRITERIA: (Check all that apply) a.) The building exceeds 10,000 sq. ft. ____; b.) The site plan proposes 2 entrances on the same road ____; c.) Involves the disturbance of slopes of greater than 15% ____; d.) Is a fast food restaurant ____; e.) Is a convenience store ____; f.) Is a shopping center ____; g.) Addition contains more than 10,000 sq. ft. ____; h.) The proposed additional floor area exceeds 75% of the existing floor area .

ADMINISTRATIVE REVIEW BY STAFF APPLIES TO ALL OTHER PROJECTS ____

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CHECKS ARE TO BE MADE PAYABLE TO: **TREASURER CITY OF FRANKLIN**

FOR OFFICE USE ONLY

(Comments) _____

Submittal Received by: _____ Date: _____

Community Development Staff